

10/512n45

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL INB.			22			
TOTAL GIA			22			
AMOUNT			30			

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TOTAL INB.								
TOTAL GIA								
AMOUNT								

MAY BE USED FOR ADDITIONAL CLAIM OR AMENDMENT